Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-25-07</u>	Address:	<u>CR 675S</u>
Case #;	<u>34-32618</u>		Paoli IN 47454
County:	Orange		1 4011 11 1 47 434
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Operation Chemica Dumpsit	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (hedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: trace			
Water Reactive Metal (Lithium): trace			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): trace			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
∐ Yes — ⊠ No	age 18 discovered (check one) (number present) of to Child Protective Services	Investigative ☐ Ephedrine/ ☐ Retail/Mer ☑ Other: <u>priv</u> a	Pscudoephedrine Tracking Log chant Tip
This report is to be faxed to the following agencies that serve the location:			
Fax: 812-723-2417			
-lealth Department: <u>Orange</u>		Fax: <u>812-723</u>	
Child Protecti	on Service: <u>na</u>	Fax:	
for further information regarding this methamphetamine laboratory, contact nvestigating Officer: Paul Andry Phone 317 247-1852			
This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for refention.